

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000007618 1. Entity Name DEAN'S UPHOLSTERY, INC.	
--	---

Principal Place of Business 105 F. HIGHWAY 301 SOUTH TAMPA, FL 33619	Mailing Address 105 F. HIGHWAY 301 SOUTH TAMPA, FL 33619
--	--

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FBI Number 59-3553206	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent STULL, R J 602 S. BOULEVARD TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

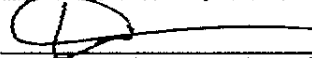
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOSER, DEAN 105 F. HIGHWAY 301 SOUTH TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SKROCKI, THOMAS J 105 F HIGHWAY 301 SOUTH TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOSER, TINA M 105 F HIGHWAY 301 SOUTH TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JONES, CHARLES O 4423 TEVALO DRIVE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000161319
05/24/04-80003-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-15-04 (813) 628-4911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #